# INDEPENDENT LIVING PROVIDER REFERRAL

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| **IL Provider:** | | **Date:** |
| **Services Needed:** | | |
| Youth Name: | **Initial Referral**  **Re-Referral** | |
| UNITY Case # | Referral Date: | |
| Next court date: | Youth’s next CFT: | |

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| --- | --- | --- |
| Youth Phone: | Birth date: | Age: |
| School: | | Grade: |
| Best time to reach youth: | Youth e-mail: | |

|  |  |
| --- | --- |
| Referring Caseworker: | Caseworker Site/Office: |
| Caseworker’s Phone : | Caseworker’s Cell Phone: |

|  |  |
| --- | --- |
| Caregiver / Contact Name: | Caregiver / Contact Address: |
| Caregiver/ Contact Phone: | Cell/alternative Phone: |
| Email: |  |
| Best time to reach Caregiver / Contact: | |

Please identify adults significant to the youth for attendance at the Youth Plan for Independent Living meeting, as applicable.

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| --- | --- |
| Attorney: | Phone: |
| GAL: | Phone: |
| CASA: | Phone: |
| WIN Worker: | Phone: |
| Other: | Phone: |
| Other: | Phone: |

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| **Summary of Youth Functioning\*:** |

\*Please identify any special needs, areas requiring immediate attention, or any other areas that may affect IL services. For example: school credit deficiency, alcohol/substance abuse, legal/incarceration issues, pregnancy, hospitalization, medical, mental health, developmental delays, etc.

# REFERRAL FOR INDEPENDENT LIVING SERVICES

**Ansell-Casey Assessment**

**Initial Assessment OR  Reassessment (check one)**

**Youth Plan for Independent Living**

**Initial Plan OR  Update (check one)**

**Has the Child and Family team-planning meeting been scheduled?**

**yes – Date and Time Scheduled**

**no**

**Youth Advisory Council involvement requested? yes  no**

**Life Skills Classes?**  **yes  no**

**If yes, please mark domain(s) below:**

***To be determined after independent living assessment meeting***

**Family Relationships & Home Life**

**Communication**

**Self Care**

**Daily Living**

**Social Relationships & Permanent Connections**

**Education & Study Skills**

**Work Life**

**Housing**

**Money Management**

**Career Planning**

**Other** (provide information below)

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| --- |
| Additional Information: |